N06000000248

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2009 MAR IO AN 10: 46
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

Regular Stranger

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	orporation: <i>The Spa a</i>	H SUNSET ISCES CON	DOMINIUM ASSOCIAMA, INC.
DOCUMENT	NUMBER:NO60	00000248	
The enclosed A	Articles of Amendment and fee a	re submitted for filing.	
Please return a	Il correspondence concerning thi	s matter to the following:	
	Louis C.	FRANGOR	
-		of Contact Person)	
	A & N MANA	GEMENT	
-	(Fir	m/ Company)	····
	902 CLINTMO BOCA RATON,	one Ris #110	
		(Address)	
	BOCA RATON,	Fc. 33487	
-		ate and Zip Code)	
For further info	ormation concerning this matter,	please call:	
Louis	5 FRANKOS	at (561) 715 (Area Code & Daytime	- 1205
1)	Name of Contact Person)	(Area Code & Daytime	Felephone Number)
Enclosed is a c	heck for the following amount m	ade payable to the Florida Depa	artment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
***************************************	g Address	Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee FL 32314		Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301



February 26, 2009

Louis C. Frangos A & N Management 902 Clint Moore Rd #110 Boca Raton, FL 33487

SUBJECT: THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000000248

We have received your document for THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an officer or director sign the amendment form on page 3 and print their name and title under their signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 409A00006745

SECRETARY OF STATE TALL AHASSEE. FLORIDA

RECEIVED



December 8, 2008

Louis C. Frangos A & N Management 902 Clint Moore Rd #110 Boca Raton, FL 33487

SUBJECT: THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000000248

We have received your document for THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 008A00059575

Articles of Amendment

FILED

to Articles of Incorporation of

2009 MAR 10 AM 10: 46

THE SAN AT SUNSET ISLES	CONSUMINION SECRETARY OF STATE (N			
(Name of Corporation as currently filed with the Florida Dept. of State)				
N0600000248				
(Document Number of Corporati				
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts			
A. If amending name, enter the new name of the corporatio	<u>n:</u>			
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PARY BEACH, FL.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10380 Pox Troi Pos South West Prus Bench, FL 33411			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	dress			
Name of New Registered Agent: Louis	CFRANCOS LUST MAINE ZA #110			
New Registered Office Address: (Florida de la	CFNNGOS LUST MOINE 25 #110 ida street address) ADN FO (City) (Zip Code)			
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I amposition.	gent:			
VIA	action			

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	<u>'Address</u>	Type of Action
PD	AGUS, SONATHAN		Add Remove
VD	ASHKENMLY, 1224		Add Remove
DR	PAMBUANCO, ELICI	<u> </u>	Add Remove
	nding or adding additional Articles, and additional sheets, if necessary). (Be		
F. Vrang	mendment provides for an exchapge ions for implementing the amendme	, reclassification, or cancellati	on of issued shares.
(if	ionsfor implementing the amendme not supplicable, indicate N/H)	nf if pot contained in the above	<u>idment itself:</u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	GREGOMO SMAZAR	10380 FOX TRAIL RD WEST PARCH DEACH FL, 33411	Add Remove
VD	JOHN BAZOS	10360 FOX TAME RD WEST FALL BEACH PL. 33411	Add Remove
DR	CHRISTINE SHAFFER	10780 FOXTRALPO WEST PARUBEACH PL 33411	Add Remove
	ding or adding additional Articles, enteradditional sheets, if necessary). (Be speci		
// xorovis	mendment provides for an exchange, reconst for implementing the amendment if hot applicable, indicate N/A)	lassification, or cancellation of is not contained in the amendment	ucd shores, itself:

The date of each amendment	t(s) adoption: <u>3-26-08</u>
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	3/4/09
hav	the chairman of vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	GREGORIO SARMAN
	(Typed or printed name of person signing)
	(Title of person signing)